

## DETERMINATION FOR RECONSTRUCTION

Date: \_\_\_\_\_

Project Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Has the property been condemned by the local codes department?  
 Yes ☐ No ☐ (if no explain)
  
2. In the opinion of the Grantee's inspector will the property repairs exceed 80% of the after rehabilitation value?  
 Yes ☐ No ☐
  
3. In the opinion of the grantee's inspector this unit is not safe, sanitary, or affordable to rehabilitate.  
 Yes ☐ No ☐
  
4. The statement certify's that I, \_\_\_\_\_ have inspected the above-referenced unit, and hereby certify this demolition is in compliance with regulations of the HOME RECONSTRUCTION PROGRAM as outlined in the Federal register 24 CFR Part 92.

\_\_\_\_\_  
 Grantee's Inspector

\_\_\_\_\_  
 Grantee's Administrator